

**FILED**  
HARRISBURG, PA  
JUL - 5 2023

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

PER Jbr  
DEPUTY CLERK

ANDY OXENRIDER QP3860  
Full Name of Plaintiff Inmate Number

v.

Civil No. 1:22-cv-01557-SES  
(to be filled in by the Clerk's Office)

PA. STATE POLICE TROOP L JENSEN  
Name of Defendant 1

☒ Demand for Jury Trial  
☐ No Jury Trial Demand

TROOPER JACOB KELLNER  
Name of Defendant 2

TROOPER SHIMCO  
Name of Defendant 3

JOHN DOE COMMISSIONER  
Name of Defendant 4

COMFORT INN HOTEL  
Name of Defendant 5

(Print the names of all defendants. If the names of all defendants do not fit in this space, you may attach additional pages. Do not include addresses in this section).

AMENDED  
COMPLAINT

HONORABLE  
SUSAN E. SCHWAB

**I. NATURE OF COMPLAINT**

Indicate below the federal legal basis for your claim, if known.

- ☒ Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- ☐ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- ☐ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

CIVIL COMPLAINT FORM TO BE USED BY A PRO SE PRISONER

IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANDY OXENRIDER QP3860  
Full Name of Plaintiff Inmate Number

v.

JACKELINE GARCIA EMPLOYEE  
Name of Defendant 6

LEBANON COUNTY  
Name of Defendant 7

Name of Defendant

Name of Defendant

Name of Defendant

(Print the names of all defendants. If the names of all  
defendants do not fit in this space, you may attach  
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United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

OXENRIDER ANDY J.

Name (Last, First, MI)

QP3860

Inmate Number

SC2 HOUTZDALE

Place of Confinement

209 INSTITUTION DRIVE P.O. BOX 1000

Address

HOUTZDALE PA. 16698

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

PA. STATE POLICE TROOP L. JONESTOWN

Name (Last, First)

STATE POLICE TROOP L. JONESTOWN

Current Job Title

3185 PA-72

Current Work Address

JONESTOWN PA 17038

City, County, State, Zip Code

Defendant 2:

KELIHER JACOB

Name (Last, First)

POLICE TROOPER TROOP C. JONESTOWN, LEBANON

Current Job Title

3185 PA-72

Current Work Address

JONESTOWN PA 17038

City, County, State, Zip Code

Defendant 3:

SHIMCO

Name (Last, First)

POLICE TROOPER TROOP L JONESTOWN

Current Job Title

3185 PA-72

Current Work Address

JONESTOWN PA. 17038

City, County, State, Zip Code

Defendant 4:

JOHN DOE

Name (Last, First)

STATE POLICE COMMISSIONER TROOP C. JONESTOWN

Current Job Title

3185- PA-72

Current Work Address

City, County, State, Zip Code

Defendant 5:

COMFORT INN HOTEL

Name (Last, First)

PRIVATE CORPORATE HOTEL

Current Job Title

16 MARSANNA LANE

Current Work Address

UNION TOWNSHIP LEBANON COUNTY PA. 17038

City, County, State, Zip Code

Defendant #: 6

GARCIA JACKLINE

Name (Last, First)

STAFF MEMBER EMPLOYEE COMFORT INN HOTEL

Current Job Title

16 MARSANNA LANE

Current Work Address

UNION TOWNSHIP LEBANON COUNTY PA. 17038

City, County, State, Zip Code

Defendant #: 7

LEBANON COUNTY

Name (Last, First)

MUNICIPALITY

Current Job Title

400 SOUTH 8TH STREET

Current Work Address

LEBANON PA. 17042

City, County, State, Zip Code

Defendant #:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

Defendant #:

Name (Last, First)

Current Job Title

Current Work Address

City, County, State, Zip Code

AMENDED COMPLAINT

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

ON JUNE 22, 2020 WHILE AT THE COMFORT INN HOTEL PLAINTIFF WAS ARRESTED BY REPRESENTATIVES OF LEBANON COUNTY STATE POLICE. ~~AND~~ PLAINTIFF WAS IMPRISONED AND DETAINED FOR AN APPROXIMATE TOTAL OF 223 DAYS.

B. On what date did the events giving rise to your claim(s) occur?

ON MAY 26, 2022 FOLLOWING A JURY TRIAL, PLAINTIFF WAS ACQUITTED OF THE CHARGES BY A JURY IN THE LEBANON COUNTY COMMON PLEAS COURT.

C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?)

ON OR ABOUT JUNE 22, 2020, THE PLAINTIFF WAS ARRESTED BY REPRESENTATIVES OF THE DEFENDANT POLICE DEPARTMENT IN LEBANON COUNTY, PENNSYLVANIA WITH A CRIME OF POSSESSING A CONTROLLED SUBSTANCE PURSUANT TO AN ARREST WARRANT OBTAINED BY THE DEFENDANTS ON THE BASIS OF THE ACTIONS AND STATEMENTS OF THE DEFENDANTS AS HEREINAFTER SET FORTH IN CRIMINAL DOCKET NUMBER CP-38-CR-1730-2020 CRIMINAL COMPLAINT NUMBER PA20-872320. FOLLOWING A JURY TRIAL, THE PLAINTIFF WAS ACQUITTED OF ALL CHARGES, DUE TO LACK OF EVIDENCE AND PROBABLE CAUSE. SEE EXHIBIT A-1

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AMENDED COMPLAINT

## IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

THE DEFENDANTS CONSPIRED TO VIOLATE DUE PROCESS PROBABLE CAUSE AND OTHER CIVIL RIGHTS OF THE PLAINTIFF AND TO CHARGE HIM WITH A CRIME WHICH HE DID NOT COMMIT AND WHICH THE DEFENDANTS SHOULD HAVE KNOWN HE DID NOT COMMIT. THE INVESTIGATION CONDUCTED BY THE DEFENDANTS AND THEIR ACTIONS TAKEN THEREON WERE TAKEN IN BAD FAITH OR NEGLIGENTLY AND PLAINTIFF WAS DAMAGED BY REASONS THEREOF THE WRONGFUL ACTS OF THE DEFENDANTS WERE UNDERTAKEN MALICIOUSLY AND INCLUDE WITHOUT LIMITATION SEE EXHIBIT A-1 AMENDED COMPLAINT ~~ON~~ PAGE 7 #18-(A) THROUGH (G)

## V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

(A) LOSS OF PERSONAL FREEDOM, (B) PAYMENTS NECESSARY FOR BOND AND EXPENSES OF DEFENCE INCLUDING ATTORNEYS FEE'S (C) PAIN AND SUFFERING, BOTH PHYSICAL AND EMOTIONAL AND (D) LOSS OF REPUTATION IN THE COMMUNITY

## VI. RELIEF

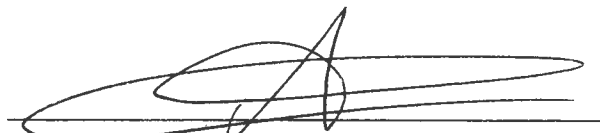
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

By REASON OF THE MALICIOUS, WANTON, AND WILLFUL CONDUCT OF THE DEFENDANTS PLAINTIFF DEMANDS PUNITIVE DAMAGES, PLAINTIFF PRAYS THAT THE COURT GRANT HIM AN COMPENSATORY DAMAGES TO WHICH HE IS ENTITLED, AWARD HIM COST AND SUI HEREIN AS WELL AS REASONABLE ATTORNEYS FEE'S

## VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff

July 1, 2023  
Date



ANDY OXENRIEDER QPS860  
SCF HOUTZDALE  
209 INSTITUTION DRIVE  
P.O. BOX 1000  
HOUTZDALE PA. 16698-1000

RECEIVED  
HARRISBURG, PA.

JUL - 5 2023

PER JSZ  
DEPUTY CLERK

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OFFICE OF THE CLERK  
UNITED STATES DISTRICT COURT  
SYLVIA H. RAMBO UNITED STATES COURT  
1501 NORTH 6<sup>TH</sup> STREET SUITE #  
HARRISBURG PA. 17102